



**THE MARYLAND ADVISORY COUNCIL
ON MENTAL HYGIENE/P.L. 102-321
PLANNING COUNCIL**

ANNUAL REPORT FY 2011

M. SUE DIEHL, CHAIR, MARYLAND ADVISORY COUNCIL

ROBERT PENDER, VICE CHAIR, MARYLAND ADVISORY COUNCIL

SARAH BURNS, COORDINATOR, PLANNING COUNCIL

SHARON LIPFORD, COORDINATOR, PLANNING COUNCIL



State of Maryland

Advisory Council on Mental Hygiene/Planning Council

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor –, Joshua M. Sharfstein, M.D., Secretary, DHMH

November 30, 2011

The Honorable Martin O'Malley
Governor
State House
Annapolis, Maryland 21401

Dear Governor O'Malley:

We submit to you an overview and summary of the activities of the Maryland Advisory Council on Mental Hygiene/Planning Council (Joint Council) during fiscal year 2011 and we appreciate your continued support during these financially challenging times. We hope to have an opportunity to fulfill our advisory responsibility through a face-to-face meeting among you, members of your staff, and our Executive Committee to discuss critical issues related to Maryland's Public Mental Health System (PMHS) and implementation of Health Care Reform. We would also like the opportunity to answer any questions you may have of us.

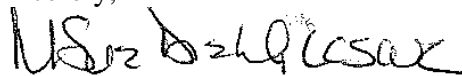
The Joint Council is composed of consumers, family members of persons with psychiatric disabilities, mental health professionals, representatives of other state agencies that serve individuals with psychiatric disorders, and other citizens interested in the state's mental health delivery system. The Joint Council holds monthly meetings which include the participation of the Mental Hygiene Administration (MHA) Executive Director and key agency staff. Its mandated duties are to advise the Mental Hygiene Administration (MHA) and "be a strong advocate of a comprehensive, broad-based approach to the social, economic, and medical problems of mental hygiene". As we follow closely the developments of Maryland's Public Mental Health System, we commend MHA's continued commitment to recovery, resiliency, and cultural competence throughout the system. We also acknowledge MHA's emphasis on promoting wellness, prevention, and behavioral health integration.

The redesigned PMHS is entering its fifteenth year of operation. Access to services has improved greatly (in 2010, more than 129,000 were served, nearly double the number since the 1997 inception of the Medicaid (MA) 1115 Waiver) while maintaining systems' quality and controlling PMHS expenditures. Our concerns continue, as we advocate for a budget that will provide resources to serve projected increases in numbers of persons with mental illness in our state, with increasing MA enrollment and improved access through health care reform.

Additionally, we thank you and your office for reappointing in FY 2011 two of our valued members and appointing one new member whom we are sure will add new resources and new perspectives to the Council. However, we still have ten vacancies and we look forward to collaborating with you through your Office of Appointments to fill these remaining positions on our Council during FY 2012.

We are pleased with the emphasis on consumer participation and direction throughout the Public Mental Health System and look forward to Maryland's implementation of Health Care Reform as a way to improve access to care. We will continue to work with you and with MHA under the guidance of Executive Director, Brian Hepburn, M.D., DHMH Secretary Joshua M. Sharfstein, and Deputy Secretary Renata Henry, Behavioral Health and Disabilities in maintaining access to services that emphasize excellent care, recovery and resilience, and valued partnerships while remaining fiscally resourceful.

Sincerely,

A handwritten signature in black ink, appearing to read "MS Diehl", written over a horizontal line.

M. Sue Diehl

Chair

Maryland Advisory Council on Mental Hygiene/
PL 102-321 Planning Council

Enclosure

cc: Matthew D. Gallagher, Chief of Staff, Office of the Governor
Joshua M. Sharfstein, Secretary, DHMH
Renata Henry, Deputy Secretary, Behavioral Health and Disabilities, DHMH
Karen Black, Director of Public Relations, DHMH
Brian Hepburn, M.D., Executive Director, MHA
Anna Lieberman, Special Assistant, Office of Appointments and Executive Nominations, DHMH

Members of the Maryland Advisory Council on Mental Hygiene/PL 102-321 Planning Council

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M. Sue Diehl, **Chair**
Michael Finkle
Joshana Goga

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Robert Pender, **Vice Chair**
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PL 102-321 PLANNING COUNCIL

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Geraldine Gray

THE MARYLAND ADVISORY COUNCIL ON MENTAL HYGIENE/ PL 102-321 PLANNING COUNCIL

OVERVIEW

The Maryland Advisory Council on Mental Hygiene was created in 1976 to serve in an advisory and advocacy capacity in addressing mental health issues in Maryland. The Advisory Council members are appointed by the Governor. The Council was expanded in 1989 to comply with the composition requirements of Public Law (PL) 99-660 and subsequently PL 102-321. The members of this planning side of the Council are appointed by MHA's Executive Director. The Council is now designated as the Maryland Advisory Council on Mental Hygiene/PL 102-321 Planning Council and is often referred to as the Joint Council.

The Joint Council operates under by-laws that set forth a committee structure to enhance its ability to monitor progress towards goals included in the Mental Hygiene Administration's (MHA) State Mental Health Plan and the federal Block Grant application. Committees of the Council include: the Executive Committee, the Planning Committee, the Membership Committee, the Legislative Committee, and the Interagency Forensic Services Committee (IFSC). These ongoing committees, among many other activities, develop the federal mental health block grant application, promote membership, follow legislative issues, and examine issues applicable to persons with serious mental illness, emotional disabilities, incarcerated or at risk of incarceration in jails, and detention centers.

Additionally, the Council promotes and facilitates linkages with Core Service Agency (CSA) boards and local mental health advisory committees as they monitor and evaluate publicly-funded mental health services for their local jurisdictions. The Maryland Association of CSAs (MACSA) is represented on the Council by a member who reports on statistics and highlights of the progress of the local CSAs.

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HIGHLIGHTS AND ACTIVITIES

In addition to the duties of Joint Council membership, some members, either as Council representatives or in their organizational capacities, serve on various workgroups and task forces which provide important output into the planning and policy development of the PMHS. During FY 2011, some of these workgroups impacted areas of consumer recovery and leadership, Mental Health Transformation, , coordination of care and systems of care for youth, older adults, criminal justice, suicide prevention, , and the State Mental Health Plan development

Our Joint Council meets monthly with our Mental Hygiene Administration (MHA) Director and key agency staff. During FY 2011, the Joint Council followed closely the progression of events within the PMHS through reports from the Executive Director of MHA and through various presentations of activities surrounding consumer, family, and children's initiatives throughout the year. Presentations included:

- The Executive Director's update on Maryland's efforts regarding Health Care Reform and the activities of the Governor's Health Care Reform Coordinating Council
- Reports on service initiatives such as trauma-informed care, forensic services, and housing
- Cutting edge studies such as the research on intervention outcomes for schizophrenia
- Updates from DHMH's Deputy Secretary of Behavioral Health, and Disabilities, and MHA's Office of Consumer Affairs
- New projects such as the Parity Project and the Senior Health Insurance Program
- Updates from Council members who are representatives of state agencies, on mutual projects that support mental health initiatives
- Legislative reviews

Last year ValueOptions®Maryland became the new administrative services organization for MHA and annually keeps the Council abreast of PMHS activities and data information.

The Joint Council remains actively involved in the development of the State Mental Health Plan and the federal Mental Health Block grant application. In the letter of review for the most recent of these documents, MHA's commitment to recovery and resiliency and attention to behavioral health needs are acknowledged.

On October 20, 2010 the Joint Council was represented at the federal Substance Abuse and Mental Health Services Administration – Center for Mental Health Services (SAMHSA)-(CMHS) Mental Health Block Grant Peer Review meeting in Miami, Florida. Peer reviewers from other states in the region, reviewed and evaluated each state's application. Maryland received favorable reviews of the state's FY 2011 application and of the innovations in Maryland's Public Mental Health System (PMHS). Also, each year the Joint Council is represented at the CMHS National Mental Health Block Grant and Data Infrastructure Grant Conference.

The Joint Council received, as it does annually, an overview of the FY 2011 Maryland Legislative session's mental health activities through the Legislative Committee and other members of advocacy organizations. During MHA's budget hearings before the State Senate and the State House of Delegates, the Legislative Committee and the Executive Committee, (Council officers) provided input to members representing the Joint Council who gave testimony at these hearings on behalf of the funding needs of the PMHS.

In summary, the Joint Council commends the work of the MHA staff in placing a priority on the development of a system in which services meet individual needs across the lifespan and in which efforts are coordinated that support recovery and resiliency. We look forward to 2012 as we continue to move forward in the progress and enhancement of the collaborative strengths and priorities of Maryland's PMHS particularly in the areas of services for individuals with co-occurring issues, wellness, and prevention. As we remain involved in the development of the State Mental Health Plan and Block Grant Application, we note the infusion, throughout the efforts of the PMHS, of components of SAMHSA's Strategic Initiatives, which fit well with MHA's mission of a wellness and recovery focus.

Committees of the Joint Council

The following sections provide synopses of the roles and highlights of the various committees during the year.

THE EXECUTIVE COMMITTEE

The Executive Committee of the Council consists of officers – Maryland Advisory Council on Mental Hygiene Chair and Vice Chair, the PL 102-321 Planning Council Coordinators, and chairs of the various committees. This committee sets the agenda for meetings; coordinates activities such as the preparation, review, and approval of testimony before the legislature; and gives final approval of public presentations/documents/reports submitted on behalf of the Council. Additionally, the Committee sets the agenda of presentations to the Joint Council throughout the year which often includes informational sessions on issues pertaining to children, adolescents, adults, and older adults in the Public Mental Health System. This body has, in the past, represented the Council in previous meetings with the Governor’s Executive Office, the Secretary of the Department of Health and Mental Hygiene (DHMH), and the Deputy Secretary for Behavioral Health and Disabilities to advise, report, and advocate on current mental health issues. At the beginning of FY 2011, new officers (Chair, Vice Chair, and Planning Council Co-Coordinators) were elected and will serve two year terms.

THE PLANNING COMMITTEE

This committee is generally composed of Council officers, committee chairs, consumers, agency members, rights advocacy organization representatives, other volunteers, and members who represent interests across the lifespan. Specifically, the Planning Committee takes on responsibilities on a yearlong timeline. The Committee has been meeting as needed, not only to fulfill established duties of reviewing planning and implementation documents but also, to research and discuss ways to further impact MHA’s future budget planning through focus on key mental health issues. The Planning Committee has advocated for alternatives to budget cuts to lessen the impact on the delivery of mental health care through correspondence with the Governor. At present, the Committee is exploring issues such as employment, as well as the availability of data presentations in various areas.

The duties of the Planning Committee include assisting in the development, review, and final recommendations of: the State Mental Health Plan; the federal Mental Health Block Grant Application, (which is an important source of federal funding for many community service programs, evidence-based initiatives, and the system evaluation programs of the Public Mental Health System); plan implementation reports; and the annual reports of local mental health advisory committees.

The Planning Committee, which meets as needed after the full Council meeting, discussed priorities and prepared for the MHA public meeting on April 29, 2011 to develop the State Mental Health Plan. This year the meeting included broader participation of representatives in the area of behavioral health and substance abuse. More than 75 representatives of mental health advocacy organizations, Wellness and Recovery centers, Core Service Agencies (CSAs), local mental health advisory committees, representatives from the Alcohol and Drug Abuse Administration (ADAA), and members of the MHA Management Committee attended.

The Planning Committee made recommendations to enhance the document such as: adding examples to data utilization and social networking strategies, including a wider base of youth leadership as involved parties in strategies that addressed public education, training, and transition-age youth (TAY) issues; recognizing appropriate involved parties to many strategies; and pinpointing the appropriate populations for specific trainings.

The Committee commented on the importance for the language to reflect MHA's commitment to recovery and resiliency throughout the document. They were satisfied that these concepts were emphasized along with priorities of wellness, prevention, and cultural competence in all areas. The Committee was pleased to read of efforts that promote behavioral health integration and of current collaborative activities of the mental health, substance use, and developmental disabilities administrations.

The Joint Council approved the State Mental Health Plan in July and, as a mandate of Public Law 102-321, the Maryland Advisory Council on Mental Hygiene/Planning Council will submit a report of its review of the FY 2012 State Mental Health Plan and federal Mental Health Block Grant (MHBG) application to the Council.

MEMBERSHIP COMMITTEE

The Maryland Advisory Council on Mental Hygiene/PL 102-321 Planning Council continues to be an important avenue of access for all stakeholders who are interested in monitoring developments in the Public Mental Health System (PMHS) and participating in influencing policy direction for the state. Council members have a key participatory role in: advising the PMHS's operations and policies; advocating for children, youth, and adults; and reviewing state and federal mental health documents. Thus it is important, and legislatively prescribed, that the Joint Council encourage participation from people with a broad foundation of knowledge and experiences.

There is an urgent need to increase membership on the Governor-appointed Maryland Advisory Council on Mental Hygiene. Staff support to the Council meets and works diligently with the DHMH Appointments Office to increase membership. There are presently ten out of eighteen vacancies on the Governor-appointed Maryland Advisory Council on Mental Hygiene side in the legislatively recommended areas of:

- Courts
- Probation
- Clergy
- Legal
- Labor
- Police
- Whenever possible, diversity representation according to race, ethnicity, and geography is desirable

Additionally, there is a special focus on recruiting additional representatives from families with children who have a serious emotional disorder.

In FY 2011, the Joint Council increased its total membership by eight members through the following efforts:

The Maryland Advisory Council on Mental Hygiene welcomed one new Governor-appointed member - John Scharf, representing private business management.

The Planning Council welcomed seven new members which were appointed by the Executive Director of the Mental Hygiene Administration:

Dan Martin – Mental Health Association of Maryland (MHAMD)

Kate Farinholt – National Alliance on Mental Illness (NAMI MD)

Victor Henderson – Maryland Department of Disabilities (MDOD)

Chicquita Crawford – Family member of an adolescent

Lee Crump – Department of Juvenile Services (DJS)

Lesa Diehl – Maryland Association of Core Service Agencies (MACSA)

William Manahan – Department of Housing and Community Development (DHCD)

The Membership Committee supports these recruitment efforts by promoting the involvement of consumers, family members, and individuals with interest, skills, or professions connected to mental health and sharing information about the Council. Also, recruitment letters that describe the Council and application procedures have been emailed through the networks of members and through the local Core Service Agencies. However, although these efforts have resulted in a number of visitors to meetings; only one new member has been appointed to the Maryland Advisory Council on Mental Hygiene in FY 2011. The Membership Committee will continue to work closely with DHMH and attempt to work with the Governor's Office of Appointments to bring new members on board during FY 2011.

LEGISLATIVE COMMITTEE

The Legislative Committee's primary function is to keep Joint Council members informed of prominent issues being considered by the Maryland General Assembly. The Council's advocacy leadership diligently urges support for legislation that furthers policies to address the needs of individuals with mental illnesses. During MHA's budget hearings, the Legislative Committee and the Executive Committee, consisting of Council officers, provide input for the Joint Council's testimony at these hearings on behalf of the funding needs of the PMHS. Additionally, the Legislative Committee informs the Council, through encapsulated progress and final reports, of the legislative session activities.

In 2011, the passage of the following health and mental health-related bills was noted:

- **House Bill (HB) 121/Senate Bill (SB) 168 The Lorraine Sheehan Health and Community Services Act of 2011** - Initiated by a large coalition of constituencies, this raises the state tax on alcohol, beer and wine. Proceeds were initially slated to fund community mental health, addiction, developmental disabilities services, and health care for uninsured adults. However, late in session **SB 994** and **HB 1213** replaced HB 121/SB 168, (which was never acted upon), changed the tax to a 3% additional sales tax on alcohol similar to DC's alcohol tax, and deleted the requirement to dedicate proceeds to mental health and addiction services.
- **HB 840 Children, Youth and Families – Services to Children with Special Needs (GOC)** - Makes a number of changes to the overall state management of services for children with special needs, including changes to the membership of local management boards (LMBs) and the state coordinating council (SCC); local coordinating councils (LCCs) are eliminated and replaced by "local care teams;" language is strengthened regarding family involvement and other values; attention to out-of-state placements is increased.
- **HB387/SB344 Residential Child and Youth Care Practitioners – Definition** - Intended to mitigate the financial burden of residential child care program staff certification, the original bill exempted therapeutic group homes from the certification requirement. The bill was amended to require a summer study of the overall cost of staff certification for all residential child care programs, including whether providers and the state will be ready to implement certification by 2015.
- **HB58/SB202 Community Services Reimbursement Rate Commission – Termination Date – Extension** - Renews the Community Services Reimbursement Rate Commission for another five years. Continuation of the Commission is considered necessary for the rational assessment and calculation of appropriate rates for community mental health and developmental disabilities providers.

- **HB 38/SB 489 Nonpublic Schools Accepting State Funds – Bullying, Harassment and Intimidation Policies** - Extends to nonpublic schools provisions now applicable to public schools.
- **HB 104 Higher Education – Community Colleges – Tuition Waiver for Disabled Individuals** (Maryland Department of Disabilities) - Clarifies and strengthens community college tuition exemption eligibility for persons with disabilities.
- **HB 346/SB 384 Health – State Facilities and Residential Centers – Definition of Abuse** - Originally added an exception to the definition of abuse in state mental health and developmental disabilities facilities, but the final bill amended this to require compliance with current laws on physical restraint.
- **SB 562 DHMH – Required Certification of Recovery Homes** - Requires group homes serving three or more persons in recovery from addiction to be certified and requires DHMH to adopt regulations governing certification; responds to Baltimore Sun articles about a Baltimore provider.
- **SB 830 Tax Credits for Qualifying Employees with Disabilities – Sunset Extensions** - Extends the disability tax credit program for another year.

Several bills relate to the implementation of federal health care reform including ones to: set up Maryland’s health insurance exchange; make changes to coverage requirements, grievance processes, and other provisions of state health insurance law to conform to federal requirements; and address medical record privacy issues related to health exchanges. Another bill, **HB450/SB714**, expands who can be considered a “community health resource” by replacing “outpatient mental health clinic” with “behavioral health program” and authorizes the Maryland Community Health Resources Commission to assist community health resources in preparing to implement federal health care reform.

Every year stakeholders devote significant advocacy attention to the state mental health budget. This year’s efforts helped win a supplemental appropriation from the Governor that provided \$5 million general funds and \$5 million federal funds to offset what originally was a 1.37% overall cut to community mental health reimbursement rates for FY 2012. The legislature approved this budget item and incorporated it in the final budget. The supplemental also included a \$25 million deficiency appropriation (state and federal funds) that covers MHA’s FY 2010 deficit caused by service enrollment far exceeding budget capacity.

Mental health advocates also convinced House and Senate budget leaders to rescind almost all of the additional cuts they were prepared to make to the Governor's FY 2012 budget request for MHA (\$6.7 million by the House and \$4.2 million by the Senate). The final result of conference committee deliberations was a reduction of \$100,000 in veterans’ behavioral health coordination, an item that may have been over budgeted. Instead of cutting millions from Residential Treatment Centers (RTCs), \$3 million in RTC funds was directed to be reallocated for community services.

INTERAGENCY FORENSIC SERVICES COMMITTEE

The Interagency Forensic Services Committee (IFSC) monitors and advises MHA regarding the delivery of mental health services to individuals who are involved with the criminal and juvenile justice systems, including those who are court-ordered to the Department of Health and Mental Hygiene for evaluation or treatment relative to competency to stand trial or criminal responsibility, and those who have a mental disorder and are incarcerated or are at risk of incarceration in jails and detention centers. IFSC invites allied agencies (e.g., the Developmental Disabilities Administration, the Department of Public Safety and Correctional Services, the Alcohol and Drug Abuse Administration) to consult with and participate in the activities of this Committee.

The current focus of the IFSC is to promote:

- Community-based services that break the cycle of arrest and hospitalization
- Cross training with allied agencies to promote better understanding and generate collaborative solutions such as service needs of forensic-involved individuals with dual diagnosis of mental illness and developmental disabilities
- Increased use of case management and related supports (assertive community treatment teams, peer support, etc.)
- Importance of the availability of housing for justice-involved individuals in the community.

The Co-chairs of the IFSC gave an informative overview to the Council in September 2010 on statistics related to forensic services in Maryland. Notable statistics include:

- An average of 70% of beds in MHA and DDA facilities are filled with individuals who are forensically involved.
- The yearly number of individuals served who are forensically involved has been slowly increasing over time. In 2000 the PMHS served 508 and in 2010, 662 were served.
- Of the number of individuals in jails in Maryland, it is estimated that 16% have a serious mental illness. Of that number, it is estimated that 75% have a co-occurring (mental illness and substance abuse) disorder.
- The hospital return rate for this population is approximately 20% but the criminal recidivism rate is much lower.

The by-laws of the Joint Council are on the following pages.

**MARYLAND ADVISORY COUNCIL ON MENTAL HYGIENE/
PL 102-321 PLANNING COUNCIL BY-LAWS**

JOINT COUNCIL BY-LAWS

PURPOSE:

Pursuant to the Annotated Code of Maryland, Health General, Title 10, Mental Hygiene Law, Subtitle 3, and Public Law 102-321, the State of Maryland has established the Maryland Advisory Council on Mental Hygiene/PL 102-321 Planning Council for the purpose of advising the Governor and other State and federal officials on the needs of citizens with mental illnesses and the ways in which the State can meet those needs. The Maryland Advisory Council on Mental Hygiene is mandated by State law to “be a strong advocate of a comprehensive, broad-based approach to the social, economic, and medical problems of mental hygiene.” Under federal law, the State Mental Health Planning Council is required “to advise, review, monitor and evaluate all aspects of the development and implementation of the State plan.” For purposes of implementing and coordinating the duties of the federal and State Councils, a Joint Council has been established and is herein referred to as “the Council.”

Article I: Duties

The Council shall:

1. Advocate for a comprehensive, broad-based approach to meet the social, economic, and medical needs of people with mental illnesses, as mandated by Health General 10-305.
2. Review plans provided to the Council by the Mental Hygiene Administration and submit to the State any recommendations of the Council for modifications to the plans, as mandated by PL 102-321.
3. Monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services, as mandated by PL 102-321.
4. Serve as an advocate for adults with serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems, as mandated by PL 102-321.
5. Submit an annual report of its activities to the Governor and, subject to Section 2-1312 of the State Government Article, to the General Assembly.
6. Submit reports to the federal government, as mandated by PL 102-321.
7. Receive and review annual reports submitted by County Advisory Committees, as mandated by Health General 10-312, and,

8. Serve as a forum for the dissemination and sharing of information concerning the public mental health system between MHA staff, mental health advocates, Joint Council Members, including consumers, and providers of mental health services in Maryland, and other interested persons.
9. Serve as a linkage with other state agencies seeking collaboration for improved mental health services.

Article II: Membership

A. Composition:

1. The Maryland Advisory Council on Mental Hygiene consists of 18 members appointed by the Governor. Representatives include people from a broad range of agencies and groups that are concerned directly or indirectly with mental hygiene, e.g., courts, police, probation offices, clergy, labor, management, legal profession, medical profession, mental health associations, State and local government, private employee groups, local citizens groups, and major socio-economic and ethnic groups.
2. The PL 102-321 Planning Council consists of residents of Maryland, including representatives of (a) the principal State agencies (mental health, education, vocational rehabilitation, criminal justice, housing and social services); (b) public and private entities concerned with the need, planning, operation, funding and use of mental health services and related support services; (c) adults with serious mental illness who are receiving (or who have received) mental health services; (d) family members of adults who are receiving (or who have received) mental health services; and (e) family members of children with serious emotional disturbances, who are receiving (or who have received) mental health services. Members also shall include representatives from local Mental Health Advisory Committees.
3. A minimum of 50 percent of the total membership of the Council will be individuals who are not State employees or providers of mental health services. The Council shall strive to assure the majority of members represent present and former recipients of mental health services and their families, and, further, that the ratio of parents of children with a serious emotional disturbance to other members of the Council is sufficient to provide adequate representation of such children in the deliberations of the Council. The membership of the Council shall be in compliance with PL 102-321, all subsequent amendments, and applicable State laws.

B. Term of Membership:

1. Members of the Maryland Advisory Council on Mental Hygiene are appointed by the Governor to serve three-year terms. A member may be appointed to serve a shorter term when serving the remaining term of a seat vacant due to a resignation. A member who is appointed after a term has begun serves only for the rest of the term and until a successor is appointed and qualifies. At the end of a term, the member continues to serve until a successor is appointed and qualifies.
2. Members of the PL 102-321 Planning Council are appointed by the Director of the Mental Hygiene Administration for three-year terms. Agency/organization representatives of PL 102-321 are chosen by their respective agencies. The selected representatives remain as members of the Council until such time that they leave the agency and/or position or the agency itself selects a replacement for them.
3. Terms of all Council members are staggered so that one third of members' terms end each year.

C. Removal:

1. Members of the Maryland Advisory Council on Mental Hygiene are subject to Article 41, Section 1-203 of the Annotated Code of Maryland that states:
“Any member of any State Board or Commission appointed by the Governor who shall fail to attend 50 percent of the meetings of the Board or Commission of which he is a member during any period of twelve consecutive months shall be considered to have resigned and the Chairman of said Board or Commission shall forward or cause to be forwarded to the Governor, not later than January 15 of the year following such nonattendance with the statement of such nonattendance, and the Governor shall thereupon appoint his successor for the remainder of the term. If the member has been unable to attend meetings as required by this section for reasons satisfactory to the Governor, the Governor may waive such resignation if such reasons are made public.”
2. Non agency/organization representatives of the PL 102-321 Planning Council who fail to attend 50 percent of meetings during any period of 12 consecutive months shall be considered to have resigned. The Chairperson shall forward or cause to be forwarded to the Director of the Mental Hygiene Administration a statement of nonattendance and a request for removal. If the member has been unable to attend meetings as required for reasons satisfactory to the Director, the Director may waive such resignation if such reasons are made public.

3. In the event an agency/organization representative on the PL 102-321 Planning Council fails to attend 50 percent of the meetings during any period of 12 consecutive months, the Chairperson shall recommend to the head of the agency/organization that the member be replaced. If the agency member has been unable to attend meetings as required for reasons satisfactory to the Director, the Director may waive such resignation if such reasons are made public.

D. Travel Allowance:

Council members whose transportation costs are not reimbursed by an agency, group or organization, and who need financial assistance in order to attend a Council meeting and/or when officially representing the Council at other meetings, are eligible for reimbursement by the Mental Hygiene Administration. Travel expenses shall be consistent with the Standard State Travel Regulations and are dependent upon resource availability. Council members are responsible for completing all expense reporting forms in a timely manner, and submitting appropriate accompanying documentation as required.

Article III: Meetings, Agenda, Voting, Official Records

A. Meetings

The Council shall meet at the times and places that it determines. There shall be at least six meetings per year. Special meetings of the Council shall be authorized by the Executive Committee, at the request of two-thirds of the total Councils' voting members. Ad hoc and standing subcommittee meetings may be convened whenever necessary. If necessary, the Executive Committee or any other committee can meet and converse by telephone when it is not feasible to convene and an immediate decision is required. Decisions reached by telephone shall be recorded as meeting minutes for that date and considered official meeting minutes.

B. Agenda

Any member of the Council may submit to the Chairperson an item for the agenda. Whenever possible, this shall occur at least two weeks before the scheduled date of the meeting. The agenda for regular meetings of the Council shall be distributed to members during the week prior to the scheduled meetings. At the beginning of each meeting of the Council, the Chairperson shall entertain motions for additions or changes in the agenda.

C. Voting

A quorum for any meeting of the Council shall consist of a simple majority of its members present at that meeting. Robert's Rules of Order govern the voting procedures. Only members of the Council are eligible to vote. Members with any conflicts of interest are expected to make a declaratory statement on same and refrain from voting on the issue(s). No member of the Council may cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest.

D. Official Record

The minutes of the Council meeting shall be the official record of the Council. The minutes shall be distributed to all members of the Council and to the Director of the Mental Hygiene Administration within a three-week period following a meeting. After final adoption, minutes will be mailed to all local Mental Health Advisory Committees. All minutes, recommendations, and other materials will be kept on file by the Mental Hygiene Administration. Minutes may be distributed to interested members of the public, providing any and all confidential information has been excised.

Article IV: Support Services

The Mental Hygiene Administration shall provide secretarial, consultant, and other staff services needed by the Council within resource availability. The support staff shall be responsible for obtaining meeting facilities, recording of minutes, disseminating meeting notices, agenda, minutes, reports, etc.

Article V: Officers

A. Chairperson

The Chairperson shall be elected from among the appointed membership of the Maryland Advisory Council on Mental Hygiene. The Chairperson shall serve for two years and may be reelected for no more than two consecutive terms. Elections shall be held annually in June and the term shall begin on July 1 through June 30.

The Chairperson shall be responsible for:

1. Calling and presiding over all joint meetings of the Council;
2. Coordinating the activities of the Council, including preparation of the required State and federal reports;
3. Preparing the agenda for the meeting of the Council;
4. Appointing the Chairpersons and members of the Nominating Committee and the Chairpersons of ad hoc subcommittees;
5. Serving as ex-officio on standing and ad hoc committees, except for the Nominating Committee; and,
6. Representing the opinion of the Council to the public.

B. Vice Chairperson

The Vice Chairperson shall be elected from among the appointed membership of the Maryland Advisory Council. The Vice Chairperson shall be responsible for the Chairperson's duties in the absence of the Chairperson. The Vice Chairperson shall be elected in June and the term shall begin on July 1 through June 30. The Vice Chairperson shall serve for two years and may be reelected for no more than two consecutive terms.

C. PL 102-321 Coordinators

Two persons shall be elected from the PL 102-321 membership as PL 102-321 Coordinators. The Coordinators shall serve for two years and may be reelected for no more than two consecutive terms. The Coordinators shall be responsible for assuring tasks and issues related to the Council's role and implementation of the State plan are completed. One Coordinator should be a recipient or former recipient of mental health services or a relative of such an individual.

Article VI: Committees

A. Nominating Committee

The Nominating Committee Chairperson and four other members shall be appointed by the Chairperson. Members shall be selected equally from both Councils. The Nominating Chairperson is responsible for convening the Nominating Committee, soliciting nominations and submitting the Committee's report to the Council in May for elections to be held in June.

B. Executive Committee

The Executive Committee shall be composed of the Chairperson, Vice Chairperson, the PL 102-321 Coordinators and Committee and Ad Hoc Committee Chairpersons. The Executive Committee shall meet on an ad hoc basis. Minutes shall be recorded for all Executive Committee meetings. The Executive Committee responsibilities include, but are not limited to, preparing, reviewing or approving testimony or other public presentations/documents/reports submitted on behalf of the Council when sufficient time does not permit review and approval of the entire Council and timing is of critical importance, etc.

C. Interagency Forensic Services Committee

This Committee shall advise, review, monitor and evaluate the development and implementation of the State plan applicable to persons with serious mental illness incarcerated or at risk of incarceration in jails and detention centers. This Committee may invite others outside of appointed Council members to consult and participate in the activities of this Committee. The Chairperson of this Committee shall be elected by the members of the Committee, with the approval of the Council Chairperson, for a two year renewable term.

D. Local Mental Health Advisory Committee

The duties of this committee include promoting and facilitating linkages with local mental health advisory committees. The Committee may assist in developing specific training programs pertaining to mental health issues and the roles of the committees in local mental health systems. This Committee may invite others outside of appointed Council members to consult and participate in the activities of this Committee. The Chairperson of this Committee shall be elected by the members of the Committee, with the approval of the Council Chairperson, for a two year renewable term.

E. Legislative Committee

The duties of this committee include review and promotion of legislation that impacts on the purpose and responsibilities of the Council.

F. Planning Committee

The duties of this committee include to assist in the plan development, review and final recommendation of the State Mental Health and Federal Mental Health Block Grant Plans.

G. Annual Report Committee

The duties of this committee include collection of relevant material to document the activities of the Council, summarizing activities and listing goals for the next year in accordance with the Council's priorities, and recommendations to the Governor and MHA. The draft of the report shall be completed in November, submitted to the Council in December for approval, and submitted to the Governor by January 31. The Council Chairperson shall appoint members to this committee no later than September.

H. Ad Hoc Committees and Special Studies/Workgroups

The Chairperson may appoint temporary committees or Council representatives for a specified purpose and time. Upon completion of the task, the committee shall be dissolved. Examples of ad hoc committees are as follows:

1. Ad Hoc Committees

The duties of these committees are to address a specific mental health priority area identified by the Joint Council for review, presentation, and possible advocacy recommendation.

2. Special Studies/Workgroups

The duties of this committee may include an individual(s) representing the Council on various Mental Hygiene Administration or other agency or organization sponsored task forces, workgroups, etc.

Article VII: Amendments

The By-laws may be amended by recommendations of the Executive Committee and two-thirds of the voting members of the Council who are present, provided that copies of the proposed amendments and notice for consideration have been mailed to every member at least two weeks before the date of the meetings, during which adoption of the amendment(s) would be considered.

“The services and facilities of the Maryland State Department of Health and Mental Hygiene (DHMH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex, or national origin and applies to the provisions of employment and granting of advantages, privileges, and accommodations.”

“The Department, in compliance with the Americans with Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from the Department’s services, programs, benefits, and employment opportunities.”

For copies of the Maryland Advisory Council on Mental Hygiene/Public Law 102-321 Annual Report, contact:

The Mental Hygiene Administration
(410) 402-8473